

# READ AND FOLLOW INSTRUCTIONS CAREFULLY

## MANHATTAN LOCAL NO. 918

### RATES EFFECTIVE MAY 1, 2011

- ① In a separate letter attached to this report, list the names, social security numbers, and total number of days lost in payroll periods covered by this report for all Carpenter Employees receiving Workers' Compensation disability payments. To comply with COBRA, list on separate sheets the names and social security numbers for any Carpenter Employees who, to your knowledge, died or attained age 65 during the time period covered by this report.
- ② For internal accounting purposes and in determining the accuracy of the contributions, list the counties worked in by each individual Carpenter Employee. In listing the counties, use the first three initials of the County followed by the letter K.

MARK	MARSHALL	DICK	DICKINSON	REPK	REPUBLIC
CLAK	CLAY	SALK	SALINE	JEWK	JEWELL
RIEK	RILEY	WASK	WASHINGTON	MITK	MITCHELL
POTK	POTTAWATOMIE	OTTK	OTTAWA	LINK	LINCOLN
GEAK	GEARY	CLOK	CLOUD	MORK	MORRIS

- ③ Enter total hours worked, INCLUDING OVERTIME HOURS, for each individual Carpenter Employee on a one-for-one basis for each pay period covered by this report. **An asterisk (\*) is to be placed in front of the last name of all Carpenter Employees who have supplied a written authorization to withhold dues and the dollar amount of dues withheld is to be placed in the column provided for each Carpenter Employee for whom working assessments were withheld ( see ⑦ below ).**
- ④ For each page, place the total for each column in the spaces provided
- ⑤ Where continuation pages are used, enter the grand totals of all pages included in this report. Hours are to be totaled separately for all Carpenter Employees and shown opposite ⑥ .
- ⑥ Multiply the grand total of hours, for all Carpenter Employees by the contribution rate shown, or the current contribution rate called for by the current Collective Bargaining Agreement (if different) for hourly paid Carpenter Employees.
- ⑦ Employers who have received written authorization, or verification of such written authorization, from their Carpenter Employees to withhold dues from their checks shall contribute the current rate called for by the current Collective Bargaining Agreement Multiplied by the grand total of hours for all Carpenter Employees marked by an asterisk (\*). **To verify if a Carpenter Employee has current written authorization to withhold working assessments, contact the Carpenter District Contact 816/931-3414. Included in total are vacation and market recovery funds; these do not require authorization.**
- ⑧ Enter the total amount which will be shown on remittance check. This figure will reflect the total Employer Contribution.  
Type or print name and title of person signing this remittance report in spaces provided.

Reports and remittances are due and payable on or before the fifteenth (15th) of the month following the month covered by this. Report and/or remittances submitted after this date are subject to a Liquidated Damages charge of Five Percent (5%) of the total amount of contributions due. Reports and/or remittances more than two months past due are subject to a Liquidated Damages charge of Six Percent (6%); three months, Eight Percent (8%); four months, Eleven Percent (11%); five months, Fifteen Percent (15%); and six months, Twenty Percent (20%).

**In addition, interest will be charged at current IRS interest per month for each and every month past due.**

Any Liquidated Damages charges, interest or adjustment for overpayments or underpayments will be communicated to you by The Funds' Administrator and resolved separately from this remittance report.





